



GROUP PERSONAL ACCIDENT INSURANCE – 4STAR & DIAMOND BASKETS
FREQUENTLY ASKED QUESTIONS

• **WHAT ARE CONSIDERED “ACCIDENTS”?**

An Accident is ANY event that results in your body being unintentionally injured.

Examples of Accidents can be as follows:

- Motor Vehicle Accidents (MVA’s), irrespective of whether you are the Driver, Passenger or Pedestrian
- Injuries on Duty (Accidents whilst performing your business duties),
- Animal attacks which can include Snake, Dog and/or Spider Bites,
- Sporting Injuries as a result of recreational participation (remember, participating as a Professional will not be covered)
- Home-based Injuries, which can include drowning etc.
- Injuries sustained as a result of an Assault and/or Hi-Jacking, or any other criminal activity

• **DOES THIS POLICY ONLY PROVIDE COVER WITHIN SOUTH AFRICA?**

No, your Policy has a world-wide territorial limit, which means that should you have an Accident outside of the country, your benefits will still be applicable.

As your Claim will be assessed and calculated in South Africa, it is very important to obtain all relevant supporting documents in English, where possible, to ensure that unnecessary delays are avoided where documents need to be translated into English before the assessment can begin.

Similarly, where Medical Expenses are paid in foreign currency, it is important to note that valid claims will be assessed in Rands based on the rate of exchange on the day of the Accident.

• **DOES THIS POLICY ONLY PROVIDE COVER WHILST AN INSURED PERSON IS AT WORK?**

Generally, your Policy is active 24 hours a day, 365 days a year. Therefore, any Accident, whether it be whilst performing your employment duties, being on holiday, playing sports on a weekend etc. will be assessed for Benefits under this Policy.

• **HOW LONG DO YOU HAVE TO SUBMIT A CLAIM?**

All Claims need to be notified to SHA, the Insurer, as soon as possible following an Accident, with the maximum Claim period being up to 180 days following the date of the Accident.

It is important to submit Claims within this time period, as failure to comply with this 180 day notification period may result in the Claim being Repudiated.

• **CAN ANY PERSON OF ANY AGE BE COVERED UNDER THIS POLICY?**

As long as the Insured Person is a member of CareCard, with all membership fees being paid in full, Benefits will be applicable at the time of a Claim, subject to the following age limits being applicable :

- The maximum age limit on Policy, in respect of Accidental Death, Permanent Disability, Medical Expenses or Hospitalisation Benefits is age 80



- **DO MEMBERS NEED TO UNDERGO MEDICAL EXAMINATIONS PRIOR TO COVER BEING PROVIDED?**

As this is a Short-Term Insurance Policy, Members do not need to go for a medical examination prior to cover being provided, as the Policy will only provide cover at the time of an Accident (which is generally unplanned) and which takes place after the Policy inception date.

In the event of a Claim though, and depending on the nature of Claim and the Benefit being claimed for, Medical Reports relating to the specific Injury will be required.

- **IS BUNGEE JUMPING, SCUBA DIVING AND/OR SKY DIVING COVERED?**

Yes, the Policy does NOT exclude Hazardous Activities as described above, as long as the Member is not participating on a Professional basis.

Professional Sports People do however have access to alternative Insurances that can be structured to suit their specific Sporting requirements.

- **IF I HAVE OTHER, SIMILAR INSURANCE POLICIES, WILL THE BENEFITS STILL PAY OUT UNDER THIS POLICY?**

Yes, no current restriction is in place as to the number of Policies that can be claimed from in the event of a single Incident/Accident.

The Death and Permanent Disability benefits which have been selected under this Policy will therefore be paid in addition to any individual policies the Member may have, and in addition to any Statutory cover provided by Workman's Compensation (COID) and/or the Road Accident Fund (RAF).

However, in the event of Medical Expenses benefits being payable by COID, Insurers will reduce the cover applicable under this Policy by the amount paid or payable by COID.

This is done by Insurers to ensure that the Member and/or Company are not over-compensated for the period that the Member is unable to work / is booked off work by a Medical Practitioner.

In respect of the Medical Expenses benefit, the Benefit selected under this Policy (and in keeping in line with current Medical Scheme Legislation and current Demarcation requirements) will only cover the cost *not* met by a registered Medical Scheme, should you be a member of such a scheme.

It is important to note though this excludes any amounts paid from the Member's Medical Savings Account portion of the Medical Scheme option, which are recoverable under this Policy.

- **WHAT IS ACCIDENTAL DEATH?**

The *Accidental Death benefit* is one of the Main Benefits, aside from the Permanent Disability benefit, that forms the basis of this Policy. A Claim under this benefit can only be submitted as a result of the Death being caused by an Accident, as per the examples provided earlier in this document. As a number of different documents will be required in order to finalise an Accidental Death Claim (please see the Claims Administration Guide for full details of all documents required), this Claim may take months to finalise as a result of potential delays in receiving Post Mortem reports, Police Reports etc.

- **WHAT IS PERMANENT DISABILITY?**

Permanent Disability, generally, means that your body has been altered / damaged following an Accident, to a severe enough degree that it will never recover 100%. A Permanent Disability Benefit will be applicable under this Policy irrespective of whether the Member is able to continue performing their business functions or not.



Some examples of Permanent Disability can be as follows :

- Paraplegia following a Motor Vehicle Accident – here, the Member would qualify for 100% of the Permanent Disability lump sum Benefit
- Loss of a whole finger following an attack by a dog – here, the Member would qualify for 15% of the Permanent Disability lump sum Benefit

The levels of Permanent Disability are calculated based on what is known as the Continental Scale, which can be found in the Policy Wording.

But, not all cases can determine the level of Permanent Disability directly after an Accident. An example could be where an eye is damaged during an Assault. Initially, sight may be affected as a result of the recent injury. SHA, the Insurers, will require that on-going Medical Reports be supplied to them in order to plot the recovery progress during the Insured Person's months of therapy/ treatment following potential operations to the eye. If it is determined that the Insured Person has a permanent degree of loss of sight following the treatments / operations, which will never return fully, the Insurer will still consider paying a portion of the Permanent Disability lump sum, as a result of the permanent (though not total) damage incurred to the eye.

- **HOW LONG DOES IT TAKE BEFORE THE PERMANENT DISABILITY BENEFIT IS PAID?**

Insurers have up to 24 months to determine the level of Permanent Disability prior to making the Benefit payment to the Insured (remember, Benefits are payable to the Company, who in turn pass the Benefit onto their Member). But, as noted previously, this will be in severe cases where the level of Disability cannot be determined directly after an Accident, and where a recovery period is required prior to a Registered Medical Practitioner confirming the permanent damage suffered.

Each case will be handled individually, but it is important to remember that the Claim can only be assessed once ALL relevant documentation is received – this will include a Medical Certificate (included in the Claim Form) which requests details of Injuries as well as recovery prognosis from a Medical Practitioner, on-going Medical Reports (where required) as well as any other Medical motivation required, a copy of the Traffic Collision Report (in the event of a Motor Vehicle Accident), a copy of the Police Report (in the event of a criminal act – e.g. a hijacking, assault etc.) etc.

- **WHAT CAN BE CLAIMED FROM THE MEDICAL EXPENSES BENEFIT?**

Only Medical Expenses incurred as a result of an Accident can be claimed from this Benefit – again, it is very important to remember that this benefit will only pay costs that are not covered by a registered Medical Scheme. Any costs paid via the Medical Savings Account component will however be claimable under this Policy. In these cases, we suggest including a copy of your Medical Scheme Claims Statements as part of your supporting documentation, at the time of claiming.

If you are not on a registered Medical Scheme, you will be required to send copies of all relevant Doctor's accounts (along with all other documentation required, which will include a Claim Form), which is to include proof of payment of the medical account - your Policy will not pay the Doctors direct.

It is important to note that there is an excess of R500 that will be applicable per Claim.

NOTE – as this is an Accident Policy, general medical costs relating to colds and flu, as examples, will not be covered.



- **WHAT IS AN AUTOMATIC EXTENSION?**

Automatic Extensions are additional Benefits that are included under your Policy, at no additional cost.

The Benefits listed under this Extension will be paid where relevant, over and above the Benefits which form the basis of your Policy. An example could be that where a Permanent Disability Benefit is payable as a result of Paraplegia / amputation of a limb following a Motor Vehicle Accident, the Claimant will, in addition to this benefit, also be awarded the Rand value associated with the Mobility Benefit under the Automatic Extensions, which can be used to assist with costs associated with purchasing/renting a wheelchair, fitting prosthetic limbs etc.

Our Automatic Extensions are noted below – please review your Policy Wording for a full description of these Benefits.

1. Abduction / Hi-jacking / Kidnapping – maximum R500 000
2. Accident Expert (RAF claims)
3. Active Service – R500 000 per person
4. **Additional Death Benefit – R15 000
5. Alcohol Related Motor Vehicle Accidents – maximum 20 %
6. Childcare – R300 per day, annual limit R10 000
7. **Claims preparation costs – maximum R50 000
8. **Crime – 5% up to a maximum of R25 000
9. **Disappearance – Death Benefit
10. **Emergency Transportation / Rescue Costs – maximum R100 000
11. Family / Servants Medical Expenses – maximum R50 000
12. Flying Risks – max R500 000
13. **HIV Assist including ARV's – actual cost
14. **HIV Lump Sum Benefit – R500 000
15. **Hospital Confinement – R2 000 per day, maximum 14 days
16. **Life support
17. **Life support equipment – R100 000
18. **Mobility – maximum R150 000
19. **Passive war (Excluding war between major powers)
20. Quadriplegia – R75 000
21. Rehabilitation – maximum R100 000
22. **Repatriation – maximum R50 000
23. **Seat belt – 10% of Death benefit, maximum R50 000
24. Temporary Drivers – R2 000 per week, annual limit R10 000
25. **Trauma Counselling – R1 000 per visit, annual limit R25 000

While all Automatic Extensions are available, those highlighted with ** Indicates the Automatic Extensions available to Adults who are not gainfully employed and Learners / Students

Accident Expert: This extension provides assistance with claims against RAF, from lodging the claim to finalisation thereof. We are certain that this extension will be of interest to the Insured and will enhance their cover immensely.

HIV Assistance: In the event of Accidental Bodily Injury which may result in exposure to the HI Virus, for example rape, assistance is provided in the form of ARV therapy, emergency transport to an appropriate medical facility, counselling, and blood tests.



- **WHAT WILL THE PERSONAL ACCIDENT POLICY NOT COVER?**

There is a list of Exclusions (incidents, events, diagnoses or circumstances that will not be covered under this Policy) that you must be aware of, which are as follows:

The Insurers shall not be liable to pay any claim under this Policy in respect of any Insured Person

1. while engaging in flying as pilot or member of the aircrew. This exception does not apply to Insured Persons engaging in ballooning, hang-gliding, paragliding and parachuting, provided that such activities are solely for social and/or pleasure purposes and not of a competitive nature or for reward
2. caused by the Insured Person's suicide or intentional self-injury
3. caused solely by an existing physical defect or other infirmity of the Insured Person
4. as a result of the influence of drugs or narcotics upon the Insured Person unless administered by a member of the medical profession (other than himself) or unless prescribed by and taken in accordance with the instructions of a member of the medical profession (other than himself)
5. for Bodily Injury to the Insured Person arising whilst the Insured Person is driving or operating any motorised or mechanically operated vehicle under the influence of alcohol. For the purposes of this exception the term "under the influence of alcohol" means having a Blood Alcohol level Concentration greater than the statutory limit at the time of the Accident
6. caused by the Insured Person's participation in any riot or civil commotion
7. as a result of the Insured Person's deliberate exposure to exceptional danger (except in an attempt to save human life) or the Insured Person's own criminal act
8. while participating in sport as a professional player.
9. directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radio-activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear weapons material. For the purpose of this exception only, combustion shall include any self-sustaining process of nuclear fission.
10. for venereal disease or Acquired Immune Deficiency Syndrome (AIDS) or Aids related complex (ARC) howsoever this syndrome has been acquired or may be named.
11. for any mental and/or nervous disorders, or any like condition arising from or attributable to stress or stress-related situations, other than those caused by Accident as defined in this Policy
12. Insurers will not indemnify and Insurers will not be liable to pay any claim or provide any benefit hereunder where the indemnity, claim payment or provision of such benefit is contrary to the edicts, recorded principles, prohibitions or restrictions under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America irrespective of enactment in the jurisdiction where indemnity or benefit is provided or payment made.